

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee For Healthy Choices

**IMPORTANT:** Indicate by # type of committee you are reporting for: 11

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

<b>FORM DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Michael D. Cobby  
**SIGNATURE OF PERSON FILING REPORT**

(319) 354-7107  
**TELEPHONE**

10/19/07  
**DATE SIGNED**

I AM FILING A October 19 **REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.**  
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election  
11/6/07

County & Local Committees, enter County in  
which Election is held  
Johnson

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is final report filed.)

\$ 957.00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

4,160.12

Schedule F: Loans Received total (Attach Schedule F)

1,000.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL** ..... \$ 6,117.12

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

2,041.72

Schedule F: Loan Repayments total (Attach Schedule F)

1,000.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$ 3,075.40

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 350.00

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 127.65

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ 0.00

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$ \_\_\_\_\_

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME (Must be same as on Statement of Organization)****Committee For Healthy Choices****SCHEDULE****A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**☐ CHECK THIS BOX IF  
AMENDING FORM

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
8/25/07	ID# CK#	SCOTT & SARAH HANSON 711 KIMBALL RD IOWA CITY, IA 52245		\$ 40	<input type="checkbox"/>
8/25/07	ID# CK#	CATHERINE JOHNSON 242 FERRIS AVE IOWA CITY, IA 52246		25	<input type="checkbox"/>
8/25/07	ID# CK#	GAIL + FRANK ZLATNIK 1531 PHOENIX DR IOWA CITY, IA 52246		100	<input type="checkbox"/>
8/27/07	ID# CK#	JAMES + PAT EPHGRAVE 325 FERRIS AVE IOWA CITY, IA 52246		50	<input type="checkbox"/>
8/28/07	ID# CK#	TIM + BECKY SVATOS 510 2ND AVE IOWA CITY, IA 52245		100	<input type="checkbox"/>
8/28/07	ID# CK#	ERNIE + DEANN LEHMAN 902 WILDE GREEN RD IOWA CITY, IA 52246		100	<input type="checkbox"/>
8/28/07	ID# CK#	JOHN + RANDIE FIESELMANN 933 HIGHWOOD ST. IOWA CITY, IA 52246		30	<input type="checkbox"/>
8/28/07	ID# CK#	WILLIAM + MARLENE STANFORD 619 WHITING AVE IOWA CITY, IA 52245		25	<input type="checkbox"/>
8/29/07	ID# CK#	GENE + ANN BRAUNER + CROFTWOOD CIRCLE IOWA CITY, IA 52245		100	<input type="checkbox"/>
8/29/07	ID# CK#	DAN + KARMELLA GLASGOW 1064 TAMARACK TRAIL IOWA CITY, IA 52245		50	<input type="checkbox"/>

SUB-TOTAL

\$ 620

TOTAL (if last page of this schedule)

\$ —

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 5  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)**COMMITTEE FOR HEALTHY CHOICES****SCHEDULE****A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**CHECK THIS BOX IF  
AMENDING FORM

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
8/30/07	ID# CK#	MATTHEW LAGE 900 N. JOHNSON ST. IOWA CITY, IA 52245		\$ 100	<input type="checkbox"/>
8/30/07	ID# CK#	MARY G. ROTH 1620 CALIFORNIA AVE IOWA CITY, IA 52240		25	<input type="checkbox"/>
8/31/07	ID# CK#	LYLE W. MILLER 1 OAKHOLM CT # 669 IOWA CITY, IA 52246		50	<input type="checkbox"/>
8/31/07	ID# CK#	MICHAEL O'HARA 431 WOODBRIDGE AVE IOWA CITY, IA 52245		100	<input type="checkbox"/>
8/31/07	ID# CK#	TIM & JACKI BRENNAN 1106 PHEASANT VALLEY ST IOWA CITY, IA 52246		25	<input type="checkbox"/>
9/1/07	ID# CK#	BRUCE & PATTY MCNICHOL 817 E. BLOOMINGTON ST IOWA CITY, IA 52245		25	<input type="checkbox"/>
9/5/07	ID# CK#	DAVID & NANCY THOMPSON 827 BROWN ST IOWA CITY, IA 52245		80	<input type="checkbox"/>
9/5/07	ID# CK#	MARK YOUNG 350 HUTCHINSON AVE IOWA CITY, IA 52246		50	<input type="checkbox"/>
9/5/07	ID# CK#	PETE & DEE VAN DERHOEF 2403 TUDOR DR IOWA CITY, IA 52245		25	<input type="checkbox"/>
9/7/07	ID# CK#	STEVE & JAMI YODER 51 LAREDO CT. IOWA CITY, IA 52246		50	<input type="checkbox"/>

SUB-TOTAL

\$ 520

TOTAL (if last page of this schedule)

\$ -

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 5  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

COMMITTEE FOR HEALTHY CHOICES

**SCHEDULE****A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**☐ CHECK THIS BOX IF  
AMENDING FORM

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/7/07	ID# CK#	MIKE HOVLAND + NANCY JONES 1808 ROCHESTER CT. IOWA CITY, IA 52245		\$ 75	<input type="checkbox"/>
9/8/07	ID# CK#	NANCY J. THAYER 1 OAKHILL CT. # 668 IOWA CITY, IA 52246		25	<input type="checkbox"/>
9/11/07	ID# CK#	BARBARA HARING 2902 EASTWOOD DR. IOWA CITY, IA 52245		25	<input type="checkbox"/>
9/12/07	ID# CK#	PETER + KATH HANSEN 1203 CAMBRIDGE CT. IOWA CITY, IA 52246		50	<input type="checkbox"/>
9/12/07	ID# CK# 3471	JOHNSON COUNTY MEDICAL SOCIETY P.O. BOX 412 IOWA CITY, IA 52244	"OTC FILED"	1000	<input type="checkbox"/>
9/13/07	ID# CK#	NAGMI NOVICK 306 MULLIN AVE IOWA CITY, IA 52246		50	<input type="checkbox"/>
9/14/07	ID# CK#	JAMES MCCOY + DIANE PAUL MCCOY 436 WOODBRIDGE AVE IOWA CITY, IA 52245		100	<input type="checkbox"/>
9/17/07	ID# CK#	DIANE M. BARRETT 1830 GLENDALE RD IOWA CITY, IA 52245		25	<input type="checkbox"/>
9/22/07	ID# CK#	JOHN LEE + MIREILLE RABY 21 SAMUEL DR IOWA CITY, IA 52245		50	<input type="checkbox"/>
9/25/07	ID# CK#	DAVID BRAUN 892 FOREST EDGE CIRCLE CORALVILLE, IA 52241		100	<input type="checkbox"/>
SUB-TOTAL				\$ 1500	
TOTAL (If last page of this schedule)				\$ —	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 5  
(for Schedule A)

For instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME (Must be same as on Statement of Organization)****Committee For Healthy Choices**

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF IO NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/28/07	ID# CK#	RALPH WILMOTH 215 W. ELM ST LONG TEEB, IA 52755		\$ 100	<input type="checkbox"/>
10/3/07	ID# CK#	LINDA STRUBB HOOVER 209 SHREAGER RD IOWA CITY, IA 52245		25	<input type="checkbox"/>
10/3/07	ID# CK#	PAUL & PATRICIA JAMES 475 BUTTERNUT LANE IOWA CITY, IA 52246		70	<input type="checkbox"/>
10/4/07	ID# CK#	MIKE WRIGHT & MICHAEL KNOCK 225 N. LUCAS ST IOWA CITY, IA 52245		50	<input type="checkbox"/>
10/4/07	ID# CK#	OTTILIE BLODI 1211 OAKCREST ST IOWA CITY, IA 52246		50	<input type="checkbox"/>
10/4/07	ID# CK#	ELLEN & PETER DENSEN 436 LEXINGTON AVE IOWA CITY, IA 52246		100	<input type="checkbox"/>
10/5/07	ID# CK#	TIM & SARAH KRUMM 4186 PRAIRIE MEADOW CT NE IOWA CITY, IA 52240		100	<input type="checkbox"/>
10/9/07	ID# CK#	DAVID BEDELL 431 LEE ST IOWA CITY, IA 52246		50	<input type="checkbox"/>
10/9/07	ID# CK#	LARRY BAKER 1217 ROCHESTER AVE IOWA CITY, IA 52245		25	<input type="checkbox"/>
10/9/07	ID# CK#	MARK W. MARTIN 1150 SUNSET ST IOWA CITY, IA 52246		200	<input type="checkbox"/>
SUB-TOTAL				\$ 770	
TOTAL (if last page of this schedule)				\$ —	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 4 of 5  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

COMMITTEE FOR HEALTHY CHOICES

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/9/07	ID# CK#	KATHERINE BELGUM 104 SUNSET IOWA CITY, IA 52240		\$ 50	<input type="checkbox"/>
10/9/07	ID# CK#	KATHLEEN JANZ 328 RENO ST. IOWA CITY, IA 52245		25	<input type="checkbox"/>
10/11/07	ID# CK#	DAVID BYWATER 211 POST ROAD IOWA CITY, IA 52245		25	<input type="checkbox"/>
10/11/07	ID# CK#	ANGELA BYWATER 211 POST ROAD IOWA CITY, IA 52245		25	<input type="checkbox"/>
10/11/07	ID# CK#	STEVEN P. MILLER 500 ST. THOMAS CT. IOWA CITY, IA 52245		100	<input type="checkbox"/>
10/11/07	ID# CK#	BARBARA BEWYER 75 PENFRO DR. IOWA CITY, IA 52246		75	<input type="checkbox"/>
10/14/07	ID# CK#	UNITIZED CONTRIBUTIONS 30 FOR \$440		440	<input type="checkbox"/>
10/14/07	ID# CK#	BANK ACCOUNT INTEREST		0.12	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 740.12

TOTAL (If last page of this schedule)

\$ 4160.12

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 5 of 5  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee For Healthy Choices

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/20/07	ID# CK# 1003	TECHNIGRAPHICS P.O. Box 1846 Iowa City, IA 52244	FUNDRAISER MAILING	\$ 1844.08
9/20/07	ID# CK# 1005	BOB DANE 704 CAROLINE AVE Iowa City, IA 52245	VIDEO/DVD WORK	50.00
10/9/07	ID# CK# 1006	AMY FLETCHER 422 UPLAND Iowa City, IA 52245	DOOR HANGER PRINTING + POSTCARD + POSTAGE REIMBURSEMENT	120.64
10/9/07	ID# CK# 1007	THE SOAP OPERA 119 E. COLLEGE ST Iowa City, IA 52240	3 DOMAIN NAMES WEB PAGES	27.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 2041.72
TOTAL (If last page of this schedule)				\$ 2041.72

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee For Healthy Choices

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10/5/07	BANKERS ADVERTISING TRU-ART 2800 HWY 6 EAST TOMB CITY, IA 52240	100 YARD SIGNS RECEIVED BUT NOT YET INVOICED	\$ ~ 350
SUB-TOTAL			\$ ~ 350
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ ~ 350

\*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1  
(for Schedule D)**CANDIDATE COMMITTEES NOTE:**

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.



FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE FOR HEALTHY CHOICES

SCHEDULE <b>E</b> (Rev. 08/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
7/20/07	RALPH WILMOTH 215 W. ELM ST LOME TREE, IA 52755	—	PHOTOCOPIES	\$ 127.65	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 127.65

TOTAL (If last  
page of this  
schedule) \$ 127.65

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee For Healthy Choices

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

## PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
8/16/07	RICK DOBINS 1950 CALVIN AVE TOWN CITY, IA 52246		\$ 1000

TOTAL (PART I) \$ 1000

## PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT REPAYED
9/7/07	RICK DOBINS 1950 CALVIN AVE TOWN CITY, IA 52246	CHECK # 1004	\$ 1000

TOTAL CASH REPAYMENTS (PART II) \$ 1000

From Schedule E - TOTAL LOANS FORGIVEN \$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

\*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

Page 1 of 1  
(for Schedule F)

SCHEDULE

F

(Rev. 07/03)

LOANS  
RECEIVED  
& REPAYEDCHECK THIS BOX IF  
AMENDING FORM